State of Wisconsin
Department of Administration
Division of Energy

Energy Assistance Program
101 E. Wilson Street, 6th Floor
P O BOX 7868
Madison, WI. 53707-7868

Wisconsin Home Energy Assistance Program (WHEAP) Computer Access Request For WHEAP Program Vendors
This form is to request access or a change for DOA Energy Services Computer System.

Please check one or more of the following four boxes:

☐ Person is requesting a new State DOA Logon ID and does not currently have one for this Vendor.

☐ Person's access to a function should be added or removed.

☐ Person has a change in information in boxes below.

☐ Person's user ID should be deleted.

Please fill in the following information: (USE BLACK OR BLUE PEN – DO NOT USE RED)

1.User ID (Required field for current users.)	2. Name of User — Last, First, M.I. (please print)	3. User's work phone
4.User's email adress	5. Mother's Maiden Name	6. Vendor Number
7. Vendor Name	8. Address	9. City, State, Zip
10. Supervisor's Name (please print)	11.Vendor Contact Name	12. Vendor Contact Phone

13. Choose the function(s) for which you are requesting access:

View Vendors		Edit Vendors Account Number Format		View Contacts		View Commitment to Community Report	
Add	Remove	Add	Remove	Add	Remove	Add	Remove

View Vendor Payment Detail		Create Customer Lists		View Vendor Year End Lists	
Add	Remove	Add	Remove	Add	Remove

This User ID is confidential information in accordance with Wis. Stat. 943.70(2), summarized below: Whoever willfully, knowingly and without authorization destroys, accesses, takes possession of or copies data, computer programs or supporting documentation may be penalized. The user's signature on this form constitutes acceptance of responsibility of this statute.

User's Signature	Date (mm/dd/ccyy)	Supervisor's Signature	Date (mm/dd/ccyy)

WHEAP System Administrator	Date (mm/dd/yy)

Reason for denial (If left blank, request has been approved)	Password **For Password, Call**

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Completion Instructions

Instructions for a new user:

The Vendor staff person needing access to the Wisconsin Home Energy Assistance Program data system, owned by the Division of Energy, should do the following, with the assistance of his or her supervisor:

1. Check the first box on the top of the form.

2. Complete items 2 through 13.

3. The user should read the entire form, especially the verbiage toward the bottom of the page preceding the signature block.

4. The user must sign and enter the current date in the section of the signature block labeled "User's Signature".

The user's supervisor signs and dates the form in the section of the signature block labeled "Supervisor's Signature".

Instructions for changes:

Use this form to change a user's specific information or to add or remove functions for which the user should or should not have.

When using this form for changes, check the box that says "Person's access to a function should be added or removed" or the box that says "Person has a change in information in boxes below." On some occasions both of these boxes will need to be checked. Then complete Items 1 and 2, and the changed information, i.e. if this is for a name change, complete item 2 with the old name followed by a "/" and then the new name. If functions should be added or removed, place an "X" in the appropriate field in item 13. Current access will be retained unless it is marked. Change requests must be signed by the user and the supervisor.

Instructions for deletions:

To delete an ID, the user's supervisor should check the deletion box at the top of the form and fill in items 1 and 2. The form should then be signed by the supervisor.

Return to Vendors:

After processing and signing this form, the WHEAP System Administrator will then return a copy to the user and user's supervisor. The user should call the listed number for their password. This password expires upon initial use and the user will have to change that password to their personally selected password. All passwords need to be at least eight (8) characters long and should contain a combination of letters and numbers.